

Bedside Shift reports

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Bedside Shift Reports

The application of bedside shift reports has become an evidence-based practice in the medical sector because of its impact on patient safety, a fundamental characteristic defined by the Institute of Medicine. An appropriate transition of care shapes the customer's experiences, which also builds the brand reputation of the clinical organization. The topic on bedside shift reports is a major one in the clinical settings as it relates to the patient engagement that helps improve the communication between healthcare providers, clients, and the family of the patient. The patient-centeredness brings on board these stakeholders to achieve a common goal of improved recovery and discharge of the patient. Through the reports, the family can identify the progress of the nursing process and contribute to its advancement by sharing additional information that may be relevant for the benefit of the client. In essence, the EBP remains integral to improve decision-making, even for patients deprived of strength by a particular disease.

Bedside shift reports offer a significant solution to the challenges related to medical errors across healthcare organizations. Hospitals receive poor rating on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) because of the poor experiences by patients and their families. The lack of an appropriate communication framework increases the risk of medical errors, resulting to loss of lives and affecting the perceptions of consumers about the specific healthcare unit. Thus, the

proposed EBP improves the transition of care by ensuring the patient handoff is done beside the client rather than away, such as at conference tables. Implementing bedside shift reports as an EBP at Medical-surgical units improves the consumer's rating on HCAHPS by increasing patient engagement and reinforcing a person-centered care that brings the patient and his/her family on board to improve decision-making.

Significance

Bedside reporting improves the communication framework used during the nursing process, influencing the medical outcomes of the patient population. The process advances accuracy and timeliness of information reach as every stakeholder can read the report and understand the patient's history, their current medical needs, and future treatment. It provides a framework for the family of the patient to communicate with the healthcare provider on the critical aspects of care that may influence the recovery process. McAllen et al. (2018) reiterate that the EBP has changed the clinical environment by assuring patient safety and increase nurse and client satisfaction. Handoff reports contain relevant facts detailing the patient's history, making it easier for the nurse in the next shift to continue with the delivery of care. The advancement in communication resonates with better client experiences, which also results to improved ratings at HCAHPS.

The implementation of bedside shift reports is a significant topic that also advances the requirements of the Institute of Medicine by focusing on

safety as a fundamental health characteristic of safer clinical provision. The EBPs impact on reducing medical errors have led to its popular recognition across healthcare facilities. According to Callaway and Grover (2018), 80% of the serious medical errors across healthcare facilities related to the ineffective patient handoff. Thus, hospitals that observe the mediocre transition of care receive negative feedback from patient population. These reports eliminate the cases of misinformation caused by the transition of care between medical professionals. Bedside shift reports increase patient participation in healthcare decision-making, fostering their medical outcomes. Fundamentally, the proposed EBP is significant for medical-surgical units, where clients may stay long in the inpatient facility.

PICO

Among hospitalized patients, does the implementation of bedside shift report, compared to the standard of care that does not include bedside shift report, improve patient satisfaction?

Search Strategy

Integrating an effective search strategy predicts the type of evidence that nursing practitioners utilize to recommend EBPs for healthcare improvement. The identification of reputable databases also remains significant to only attain scholarly and scientific articles that influence the practices employed in a particular healthcare facility. This project utilized the CINAHL database that medical practitioners use to advance research. The site has a digital library that publishes nursing journal articles, making

it indispensable for use in this project. Different keywords that were used include 'bedside reports,' 'bedside shift reports,' 'patient handoffs,' and 'proper patient handoffs.' In the first stage of searching, the database displayed a total of 44,555 articles that used 'bedside shift reports' as a keyword. However, on filtering with only 'peer reviewed' sources, the number of articles found by the database reduced to 37,708. A further limiter was used to only include journal articles, reducing the number to 37,365. The search was also refined by filtering the sources with the English language, leading to a total of 37,201 sources. A further limiter of the year of publication feature limited the articles to only 16,510. The additional filter on free access articles reduced the number to 537, which were then explored to identify specific journal publications to use in the project. Screening was then done to determine if the articles met the threshold requirements to discuss the importance of appropriate patient handoffs in boosting the clinical outcomes of the patient population. In essence, following a well-defined search strategy and applying filters to only use up to date sources improved the reliability of the findings of this project.

Literature Review

The literature review section will evaluate the current scholarly understanding of the impact of appropriate patient handoffs in improving the nursing process. In particular, the assessment will include six articles obtained from the CINHALL library, which are all peer-reviewed and

published within the last five years. The metric improves the credibility of the literature review and the entire project. Three of the articles were qualitative, whereas the rest used were quantitative.

Patient Handoff Processes

Current literature has examined the impact of appropriate bedside shift reports on the readmission rates. The article by Callaway and Grover (2018) played a primary purpose of identifying the EBPs impact on the patient satisfaction, readmission rates, and patient activation scores. With a setting at Naval Medical Center Portsmouth, the study involved a sample of inpatient oncology patients. The project also utilized a qualitative design by running the plan-do-study-act framework to identify the EBPs impact on the medical outcomes of the cancer patient population. Accordingly, the current literature by Callaway and Grover (2018) evinced how the model reduced the readmission rates from 32% to 25%. The implementation helped address medical errors challenge, which also boosted recovery and the better wellbeing of the clients. These findings respond to the PICO question by revealing how the EBP fosters patient satisfaction compared to the standard way of facilitating the transition of care. The EBP increased patient activation by growing their confidence, skills, and knowledge needed to manage their individual health. The literature contains level VI evidence because it evinces a single descriptive qualitative study. Fundamentally, current literature relates appropriate bedside shift reports to reduced medication errors and low readmission rates.

Bedside Shift Report Enhances Patient Satisfaction

Current literature has revealed a positive impact of the proposed EBP on the patient satisfaction scores of obstetric and postpartum women. The article by Elue et al. (2019) main purpose was to identify the EBPs role in influencing the patient satisfaction scores of the obstetric and postpartum patient population. The project's setting was in a hospital at the Chicago metropolitan area that included a 26-bed unit. The study's sample included all postpartum women aged 18 years and above and discharged between October 2017 and April 2018. The study represents a level IV evidence because it employed retrospective study through the analysis of longitudinal and cross-sectional HCAHPS survey data. The article's results support the need for the surgical unit to implement the same EBP to shape better client experiences.

The articles findings underline the importance of observing an advanced communication framework to shape the experiences of the patient population. According to Elue et al. (2019), the patient satisfaction scores for the postpartum women population increased significantly due to the appropriate patient handoffs. In particular, the scores for Hispanic women was particularly higher in comparison to the non-Hispanic population. The findings reiterate the evidence that the model improves the communication that leads to the exceptional care delivered across the unit. Using the EBP enabled nurses to understand the patient's preferences and values, making it possible to focus on their expectations. Elue et al. (2019) relates the

quality improvement initiative to a “communicative, interactive, and personalized care” that was particularly useful in the obstetric and postpartum settings. The literature applies in my project as it links the EBP to increased patient satisfaction scores in postpartum settings that may also include surgical units. Fundamentally, bedside shift reports shape the communication model that predicts the outcomes of the nursing process.

Moving Shift Report to the Bedside

Current literature reveals how healthcare facilities integrate the scientific evidence-based model to improve safety of patients in the healthcare institution. McAllen et al. (2018) add this literature with an objective of examining the EBPs impact on reducing fall rates and improving the patient and nurse satisfaction scores. With its setting at a Midwestern 532-bed acute care hospital, the study delves into the model’s benefits in boosting the HCAHPS and Press Ganey scores. The sample used included a population of patients undergoing general surgery and individuals with neuroscience and orthopedic diagnoses. The study employed a design in which medical unit nurse scripts were implemented across the healthcare facility. As the study involved a well-designed controlled trial without randomization, it represents level III evidence.

Bedside shift reports improve patient safety by addressing major clinical issues that contribute to harm and poor clinical outcomes. The literature by McAllen et al. (2018) has primarily focused on the impact of the model on patient falls. This metric influences the recovery process as

clients who fall off the bed may take longer in the inpatient facility.

According to McAllen et al. (2018), patient falls decreased by 24% after the implementation of the bedside shift reports. In particular, the orthopedic unit reduced this figure by 55.6%, proving the reliability of the proposed model. Bedside reports provide the off-going nurse an opportunity to inform the next provider about the patient's fall risk. The study also revealed improved patient satisfaction relating to the positive trend in HCAHPS rating. The article is useful in the project because it underlines the application of the EBP in shaping better client experiences.

Improved Patient Satisfaction 2 Years After Introducing Person-Centered Handover

Current literature associate appropriate bedside shift reports to a patient-centered care that brings on board members of the inter-professional team, patient, and family to collaborate in meeting the common goal of improved clinical outcomes. Kullberg et al. (2019) contribute to the discussion through a survey-based design that particularly compares patient satisfaction rates prior and after the project implementation. The sample utilized included a total of 90 adult oncology patients recruited to participate between August 2017 and March 2018. The study's setting was at the Department of Oncology, Karolinska University Hospital that had two wards providing acute care for patients with solid tumors. The well-designed controlled trial without randomization portrays level III evidence.

Bedside shift reports underline the prospects of patient-centered care, improving the experiences of the family. The main findings by Kullberg et al. (2019) will inform my project because they emphasize the importance of exchange of information between caregivers. The EBP reinforces interprofessional collaboration, aligning all staff towards a similar mission of addressing the needs of the patient. Resultantly, the client's family obtains positive perceptions with the healthcare facility that prioritizes on the preferences of the patient. In addition, clients attain a positive perception of the information exchange that would eventually shape their discharge from the facility. Thus, medical-surgical facilities can improve information conveyance among physicians in different shifts through the bedside report that details the progress of the nursing process.

Nursing Bedside Clinical Handover

Nursing education reinforces the success of quality improvement initiatives by promoting standardization of practices meant to achieve a project's set goals. Hada et al. (2018) add their contribution to this discussion with an objective to assess the impact of the education intervention in the project implementation. The authors utilized a pilot study that also employed a quasi-experimental design, making the findings a level III evidence. The project's setting was at two rehabilitation and geriatric wards of an Australian major tertiary hospital in Brisbane. The sample size was selected from registered nurses in the wards along with

their inpatients and families of the clients. The article is useful in this study because it measures the initiative's influence on the patient outcomes.

Hospitals should observe handover practices and policies that improve the patient and staff satisfaction rates. Hada et al. (2018) identified that an improved nursing compliance with the shift-to-shift handover practice. As a result, the staff and clients evinced satisfaction, especially relating to the reduction in the number of adverse events in the healthcare facility. The literature depicts how the number of falls without harm reduced by 9.37%, medical errors by 11.1%, and number of pressure injuries by 75% (Hada et al., 2018). Nursing education modifies the quality of communication between relevant stakeholders during the nursing clinical handover. This literature influences my future project by underlining the importance of embedding nursing education as secondard quality improvement initiative to attain collective success.

Off to a Good Start: Bedside Report

Bedside report empowers patients and their families by creating an effective communication model that shapes decision-making process for improved clinical outcomes. The case study by Sadule-Rios et al. (2017) has the primary objective of describing an event that reiterates the benefits of the bedside report. As this is an opinion from experts, the study depicts a level VII evidence. The publication assumes a case study design with the writer assuming the role of a registered nurse working in an intensive care unit. The article provides relevant facts that underline the importance of

warm patient handoffs to overcome major clinical challenges that affect the medical outcomes.

Warm bedside shift reports prevent dire events that threaten the lives of patients in surgical units. The literature by Sadule-Rios et al. (2017) entails a case in which a patient's suffering increased due to poor transition of care among healthcare professionals. As the incoming nurse, the narrator explains how the leaving physician appeared exhausted and bored because the new shift's lateness. As a result, the poor handoff left no room for the off-going nurse to identify the white chalky substance from the patient's mouth that later translated into a respiratory distress (Sadule-Rios et al., 2017). The clinical outcomes of the client were deteriorated because of the chaotic nurse's change of shift that resulted from the incoming physician's lateness. The article's findings underline the importance of implementing the EBP in surgical units to maintain quality and safety of care among patients. Appropriate bedside shift reports also eliminates negligence and requires nurses to observe persistence in care regardless of challenges, such as burnouts. Fundamentally, the effectiveness of the proposed initiative will also incorporate the professionalism, skills, and competencies of the nurse.

Synthesis

Current literature provides consistent findings that underline the benefits that healthcare facilities reap after implementing bedside shift reporting. The strategy improves the communication between nurses,

patients, and patients' families. The EBP also reinforces interprofessional collaboration, streamlining every physician's goal to the patient needs. Nurses can also reduce the cases of patient falls by indicating the risk of falls for a particular patient in the bedside report. The initiative can improve client satisfaction in surgical units by reducing the rate of pressure ulcers as the mentioning this aspect in the report will ensure the next nurses adjust the patient's position to prevent them. The EBP's association to a patient-centered care also provides a foundation for its use in shaping better client experiences. Fundamentally, the consistency in the findings support the application of bedside shift reporting in the surgical facility.

Conclusion

Healthcare organizations attain competitiveness and better ratings on HCAHPS scale after implementing EBPs that increase patient interaction. Bedside shift reports also bring relevant stakeholders on board to improve decision-making on all clinical processes and practices. The family of the patient feels satisfied when nurses collaborate towards a common goal of improving the patient's recovery. As a result, they provide positive feedback on the HCAHPS rating, influencing the marketability of the healthcare facility. Current literature defines the specific advantages that clinical organizations reap from this EBP, including reduced rates of medical errors, pressure ulcer cases, and readmissions. However, improvements to the EBP advance the outcomes, such as the nurse education that ensures the process is completed professionally. Fundamentally, the implementation of

bedside shift reporting as an EBP will effectively uplift the surgical unit to impact customer and nurse satisfaction for better HCAHPS ratings.

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Appendix: Comprehensive Evidence Table

| Article Number | Author and Date | Evidence Type | Sample, Sample Size, and Setting | Findings that Help Answer the EBP (PICO) Question | Measures Used | Limitations | Evidence Level and Quality |
|----------------|-----------------------|--|--|--|---|---|----------------------------|
| 1 | Callaway et al., 2018 | <p>Quality Improvement-</p> <p>Staff and patient surveys collected pre- and post-intervention</p> <p>Quantitative survey analysis, qualitative feedback about the intervention</p> | <p>Staff and patients on a 12-bed adult inpatient oncology unit at a single military treatment facility over an 18-month period</p> <p>49 patients pre-implementation 71 patients post-implementation 33 nursing staff pre-implementation 32 nursing staff post-implementation</p> | <p>-Bedside shift report was implemented simultaneously with implementation of teach-back method and discharge bundles</p> <p>-Mean patient activation scores were 73.2 pre-intervention and 68.35 post-intervention (not a significant difference). This score represented the ability of patients to stay the course and participate in care even under stress.</p> <p>-Patient readmission rates decreased from 32% to 25%</p> <p>-Patients newly</p> | <p>-Patient Activation Measure</p> <p>-Readmission Rates</p> <p>-Nurse Satisfaction Survey</p> <p>Survey information was targeted to assess patient activation scores (knowledge, skill, confidence for managing their own care at home), readmission rates, and staff satisfaction</p> | <p>-Focus on nurse satisfaction, not patient satisfaction</p> <p>-Bedside shift report was implemented simultaneously with teach-back method and discharge bundles. This could have confounded the effect of bedside report on the patient activation scores.</p> <p>-This unit had a high turnover rate during the implementation period, so staff from other units had to cover shifts on the floor. These staff may have been unfamiliar with the processes of</p> | Level V C |

| Article Number | Author and Date | Evidence Type | Sample, Sample Size, and Setting | Findings that Help Answer the EBP (PICO) Question | Measures Used | Limitations | Evidence Level and Quality |
|----------------|-----------------|---------------|----------------------------------|--|---------------|--|----------------------------|
| | | | | <p>diagnosed with solid tumors shared statements reflecting an appreciation for bedside shift report</p> <p>-Patients with prolonged admissions shared a prioritization for sleep over participating in bedside shift report</p> <p>-Nursing staff reported that the number of individuals participating in bedside shift report seemed to impact the patients (too many people at bedside seemed to overwhelm patients).</p> <p>-Staff satisfaction trended</p> | | <p>bedside shift report.</p> <p>-The population of interest has high activation scores in other studies. This could be a characteristic of oncology patients to be highly engaged in their own care.</p> | |

| Article Number | Author and Date | Evidence Type | Sample, Sample Size, and Setting | Findings that Help Answer the EBP (PICO) Question | Measures Used | Limitations | Evidence Level and Quality |
|----------------|-------------------|---|---|---|---------------|--|----------------------------|
| | | | | toward improvement | | | |
| 2 | Elue et al., 2019 | Retrospective cross-sectional and longitudinal HCAHPS survey comparison -Secondary data analysis | All post-partum women ≥ 18 years of age who completed the HCAHPS survey post-discharged from 26 bed tertiary care facility in Chicago over a 6-month period 146 women completed pre-intervention survey, 143 completed post-intervention survey | -Hispanic women made up a small proportion of respondents but demonstrated higher satisfaction scores after the implementation of bedside shift report compared to non-Hispanic women. -Significantly greater satisfaction post-bedside shift report was reported by Hispanic women and women with public insurance. -Nursing leadership visibility was ranked significantly higher in post-bedside | HCAHPS | -30% of respondents selected ratings of 10 (extreme), potentially creating a ceiling effect for survey measures of patient satisfaction -Satisfaction scores for this facility were already high pre-implementation of bedside shift report, perhaps limiting the ability to detect a difference in pre- and post-implementation scores. -Only includes self-reported data. Inability to evaluate satisfaction | Level IIIB |

| Article Number | Author and Date | Evidence Type | Sample, Sample Size, and Setting | Findings that Help Answer the EBP (PICO) Question | Measures Used | Limitations | Evidence Level and Quality |
|----------------|-------------------|--|---|---|--|--|----------------------------|
| | | | | <p>shift report implementation (30.8% pre and 43.4% post)</p> <p>-No significant differences in satisfaction scores evaluating nursing care were found.</p> | | scores of those who did not complete the survey. | |
| 3 | Hada et al., 2018 | Pilot study using a prospective before and after quasi-experimental design | Nurses employed in 2 wards (geriatric and rehabilitation) at a major tertiary teaching and research hospital in Brisbane, Australia; all inpatients and their families present in the two wards during the time of the study | <p>- Standardized bedside shift report tool was implemented</p> <p>-Anonymous patient surveys were utilized to assess patient satisfaction with the bedside shift report process</p> <p>-Surveys were provided to nursing staff and families of patients as well</p> <p>-HACs</p> | <p>-Patient Satisfaction</p> <p>-Adverse patient events</p> <p>-Staff satisfaction</p> | <p>-Potential for Hawthorne effect (behavior improves when the nursing staff know they are being observed)</p> <p>-Small sample size</p> <p>- Simultaneous implementation of hospital-wide improvement project for reducing pressure injury may have</p> | Level IIB |

| Article Number | Author and Date | Evidence Type | Sample, Sample Size, and Setting | Findings that Help Answer the EBP (PICO) Question | Measures Used | Limitations | Evidence Level and Quality |
|----------------|-----------------|---------------|----------------------------------|--|---------------|---|----------------------------|
| | | | | <p>decreased with standardized bedside shift report including falls with and without injury, pressure injury, and medication errors.</p> <p>-Patient surveys indicated increased satisfaction in all 5 domains assessed from pre-intervention to post-intervention (I felt fully involved in discussions about my care; I understood everything about my care; If I didn't understand something about my care, it was explained; I felt respected during</p> | | contributed to decrease in pressure injury occurrence | |

| Article Number | Author and Date | Evidence Type | Sample, Sample Size, and Setting | Findings that Help Answer the EBP (PICO) Question | Measures Used | Limitations | Evidence Level and Quality |
|----------------|-----------------------|--|---|--|--|--|----------------------------|
| | | | | bedside shift report; I had a chance to ask questions during bedside shift report) | | | |
| 4 | Kullberg et al., 2019 | Retrospective cross-sectional and longitudinal survey comparison | 90 oncology patients ≥ 18 years of age, undergoing treatment, hospitalized for ≥ 3 days at a university affiliated hospital in Sweden -Data collected over an 8-month period | -Statistically significant improvement in patient satisfaction related to the exchange of information between caregivers, nurses' information provision -Patient scores for individualized care decreased | -Survey tool called the EORTC INPATSAT-32 was used to evaluate patient perceptions of doctors and nurses' skills, interpersonal communication, information provision, and availability -A secondary tool called the Individualized Care Scale used a Likert Scale to evaluate the degree to which patients felt their care was individualized | -One ward closed due to staffing issues during the study -Both wards moved to a new building during the study period, and the study setting underwent major changes -Patients discharged on evenings, nights, and weekends were not surveyed | Level IIIB |
| 5 | McAllen et al., | Quality Improvement | Midwestern, 532-bed, | -Statistically no difference | -ISBARQ tool was | -Small sample size, | Level VB |

| Article Number | Author and Date | Evidence Type | Sample, Sample Size, and Setting | Findings that Help Answer the EBP (PICO) Question | Measures Used | Limitations | Evidence Level and Quality |
|----------------|-----------------|---------------|---|---|--|---|----------------------------|
| | 2018 | nt | <p>acute care, tertiary, Magnet designated teaching hospital</p> <p>3 units designated to pilot the QI project- general surgical patients, orthopedic patients, neurosurgery patients</p> | <p>in the amount of time to complete BSR pre- and post-implementation of the standardized BSR tool</p> <p>-Patient falls decreased overall by 24%. Breakdown per unit as follows: Ortho Unit: 55.6% decrease in falls; neuroscience unit 16.9% decrease; the general surgery unit 6.9% reduction</p> <p>-Minimally significant increase in patient satisfaction on Press Ganey on general surgery unit only</p> <p>-No statistically significant change in HCHAPS scores; however, the scores trended in positive direction</p> | <p>developed for med surg units and a separate one was developed for surgical units.</p> <p>-The tool was developed with input from employees on the units.</p> <p>-Audits of the proper use of the ISBARQ tool were completed. The researchers also audited time to complete report pre- and post-implementation of the tool</p> <p>-Patient falls and Press Ganey Satisfaction scores and HCHAPS scores were compared pre- and post-implementation</p> | <p>specific to the organization, not generalizable</p> <p>-Falls were the main indicator of patient safety; did not assess other measures of communication improving patient safety</p> | |

| Article Number | Author and Date | Evidence Type | Sample, Sample Size, and Setting | Findings that Help Answer the EBP (PICO) Question | Measures Used | Limitations | Evidence Level and Quality |
|----------------|--------------------------|---------------|----------------------------------|---|---------------|--|----------------------------|
| | | | | contributing to clinical significance | | | |
| 6 | Sadule-Rios et al., 2017 | Case study | Med-surg unit | <p>-Bedside shift report contributes to safeguarding patient autonomy, championing social justice, represent the patient's best interest</p> <p>-In this case study, bedside shift report enabled the oncoming and off going nurse to identify a patient emergency, facilitated communication about the patient's condition, and the patient's care was able to be escalated quickly.</p> <p>-Bedside shift report may play a</p> | N/A | <p>-No actual patient satisfaction data were evaluated</p> <p>-Single case study</p> | Level VC |

| Article Number | Author and Date | Evidence Type | Sample, Sample Size, and Setting | Findings that Help Answer the EBP (PICO) Question | Measures Used | Limitations | Evidence Level and Quality |
|-----------------------|------------------------|----------------------|---|--|----------------------|--------------------|-----------------------------------|
| | | | | role in patient advocacy, patient safety, and patient satisfaction | | | |